



Client No. 2036		Client Name O. H. Materials				Location 1002 Oswego, ST. UTICA, NY				Date 5/9/87	
Facility Equipment	Detach Clock 1	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other 3 keys & Log Book				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Kalif				Officer—Swing Shift (Name) R Dealery				Officer—Grave Shift (Name) Joseph Churro	
		Shift Began 8:00 AM Ended 4:00 PM				Shift Began 4:00 AM Ended 12:00 PM				Shift Began 12:00 AM Ended 8:00 PM	
		Observations or actions taken				Observations or actions taken				Observations or actions taken	
Rounds or stations missed		Yes	No	Explanation clock no rounds until further notice				Yes	No	Explanation	
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Unlocked vaults or safes			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Fire-smoke-or hazards			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		diesel spill	
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
2. Sprinkler system defective			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
4. Rubbish accumulation		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		work site othm	
5. Motors running			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
6. Lights left burning			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		As required	
Injury hazards			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	See site exit log	
Visitors			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		othm/TAT/EPA	
Trespassing			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Violation of company rules			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Remarks											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift	
Yes		<input checked="" type="checkbox"/>		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		<input checked="" type="checkbox"/>		Yes		No		Yes	
3. Have you reported all accidents coming to your attention?		Yes		<input checked="" type="checkbox"/>		Yes		No		Yes	
Signatures		1		2		3		1		2	
Signatures		2		3		1		2		3	
Signatures		3		1		2		3		1	
Signatures		1		2		3		1		2	
Signatures		2		3		1		2		3	
Signatures		3		1		2		3		1	
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